



SOCIAL CONTRACT
ND DEPARTMENT OF HUMAN SERVICES
ECONOMIC ASSISTANCE
SFN 229 (Rev. 7/2004)

Case Name	Case Number
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You and your household have identified the following services, goals, and steps. Our mission is to provide quality, efficient, and effective human services that improve the lives of people. Failure to follow through with this plan to assist you and your household to become self-sufficient from Temporary Assistance for Needy Families could lead to the loss of cash benefits and services.

FAMILY ACTION PLAN

The family action plan identifies goals and steps my household will take to become independent of Temporary Assistance for Needy Families

Goal	
Plan	
Start Date	Completion Date

Goal	
Plan	
Start Date	Completion Date

Goal	
Plan	
Start Date	Completion Date

Goal	
Plan	
Start Date	Completion Date

FAMILY ACCOMPLISHMENTS

1.
2.
3.

IDENTIFIED ASSESSMENT SERVICES

As a result of the assessment, you and your household have identified the services listed below as barriers to overcome and to attain self-sufficiency from Temporary Assistance for Needy Families.

1.
2.
3.

This is my family's action plan for supporting my family without Temporary Assistance for Needy Families. I have read and understand that my household and I must comply with the terms of this Social Contract as a condition of eligibility for Temporary Assistance for Needy Families. Failure to sign the Social Contract will result in case closure.

As a condition of eligibility, this action plan must be signed and returned to the County Social Service Office by _____. Failure to return the signed Social Contract will result in case closure.

This contract will be re-negotiated no later than _____. Should circumstances warrant this negotiation to occur earlier, prior notice will be provided.

Primary Individual Signature	Date
Second Parent Signature	Date
Eligibility Worker Signature	Date